Taking oral health in Tanzania a step forward

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Let me begin this Keynote Address by thanking the Almighty God for His Endless Blessings which enable us to endure through difficulties and continuously achieve a lot, this Conference being one of many such endeavours. Under His Providence for Good Health, Forgiving Soul and Sound Mind, we have once again convened here today to deliberate on issues of concern to us, our profession, and the wider range of stakeholders, as we look towards **"Taking Oral Health in Tanzania, A Step Forward"**. It is my Prayer, and hopefully yours that we will interact and deliberate meaningfully, as well as travel safely back to our domiciles.

Secondly, allow me to thank President Lorna and the entire Organizing Committee, for inviting me to deliver a Keynote Address at the opening of this Conference. This is an honour well out of my deserving imagination, but that I humbly and wholeheartedly accepted, despite the challenges it poses.

I also feel indebted to the audience for the few minutes that you will render me your ears and hearts as we go over the little I thought would do justice to this Conference in line with the theme stated above and the aspirations of the Organizing Committee.

We all know, that no research, no right to speak. I must confess at the onset that I did not have enough time to carry out a situation analysis of oral health in Tanzania, which puts me in a less authoritative position to give any prescriptions, but I am made to understand that we have authorities in the audience who will be speaking to that during the Conference. What my talk is going to focus on then is to pose a few managerial questions and challenges that will make TDA look at the evidence based Oral Health Situation in Tanzania critically, so that at the end of the day we commonly define and understand what "A Step Forward" means in relation to Oral Health in Tanzania. This definition is a critical basic step, otherwise, as strategists say "If you don't know where you are going, any direction is right". We want to know clearly where we want to go i.e. What is this FORWARD Step?!

Taking a step forward is about planning to shape the future, it is about mentoring and preparing the young generations with solid foundations to take over, guide, shape, and manage their relevant future. We learn and experience a lot from the past and present, but we must use this knowledge and experience as means for preparing us to manage the future in a very proactive and responsive and not reactive way.

Oral Health in Tanzania is what it is now, due to the ideologies and actions of a number of cohorts of powers of the day in Leadership, Academia (Training & Research), and Service / Practice, which have existed over time. These cohorts are not mutually exclusive, but form a continuum of various blends of policies and actions. If you read in between lines of the theme, you will clearly see that the current TDA generation is preparing itself to pass on the responsibility to the next generation. In order to do that, TDA needs to do extensive research and questioning or bring to light (i.e. common knowledge) the key milestones of these era in relation to Oral Health in Tanzania today.

These in my view include:-

1. The pre-colonial / traditional era,
2. The colonial era with foreign experts,
3. The post-independence era composed of: -
    a. The era of the first Tanzanian Dentists trained abroad in the West and East, leading to establishment of the Dental School in Dar es Salaam, (Cohort of Muya, Luhanga, Bakilana, Otaru, Mosha, et al., - The Cohort of Lembariti, Mabelya, Fubusa, Joachim et al.,);
    b. The era of Tanzanian Trained - Clinically Competent, Community Oriented Dental Surgeons (Managing the Dental School and Health Services upcountry) and steering the development and implementation of the National Oral Health Policies and Plans (especially the first four intakes (i) Kikwilu,

Mugonzibwa, Nyandindi, Quamunga, et al., (ii) Masalu, Rugarabamu, Kahabuka, Vuhahula et al., and (iii). Sarita, Simon, Fabian, Matee et al), and (iv) Carneiro, Mushi, Mrema, Kahwili.
(For all those in (a) and (b) above who have departed May Their Souls Rest in Eternal Peace – AMEN), and

c. The current dot.com era (the millennials), Nzobo, Makoye, Kilasara, Machibya, Mbawala, Chermine, Mona Matiko, Sima Rugarabamu, et. al.

The key issue we need to carry along with us, is how did each era mentor its successor? What did each era pass on to the successor era, and what are we now planning to pass on to the coming era? That is ought to be the FORWARD STEP.

As we prepare ourselves to focus on some key issues, let us each ask ourselves on "How did we become Dentists or Oral Health Workers?" This is a crucial question because, in my view, it may ultimately determine what kind of an Oral Health Worker you are today and how you have been mentoring your successors. That said, how has the Political-Economic-Technological-Social Changing Environment shaped you and your ambitions or aspirations?

Dear Conference participants, allow me to share a bit of my story as a way of elaborating my point.

After deviating from studying for Priesthood, which was my Mother's desire, on completion of O-Level, in 1976, I went for PCB combination not only as a result of my performance in those subjects, but through the advice of a relative, with whom I had shared my ambition to take PGM combination with an ultimate aim of becoming an airline pilot by studying abroad. He discouraged me by saying that pilots were mere drivers except that they don't drive on roads but through the air. As I was feeling SEL FORMS (selection forms) in high school, I had to keep my dream of studying abroad, so on the sel-forms Dentistry was the course offered abroad for my PCB combination. I selected it but I didn't exactly know what it entailed as a profession. Misfortunes don't come singly. When we were in the National Service (1979) we were notified that those who expected to study Dentistry abroad will now study the same at UDSM as a new dental school had just been opened there. Those were three dreams shattered at ago within three years, i.e. one = my mother's dream of his son becoming a priest, and two of mine, becoming a pilot and studying abroad. The rest is history. I had to make the best out of the only opportunity availed to me at the time. Let us all, in hind sight, try to figure out how we became Dentists or related Oral Health Workers and whether that has a bearing on what we eventually are today?

Honourable Guest of Honour, and Conference Participants,

Let us now turn to specific areas and ask ourselves key questions that need evidence based answers as we plan to take a forward step.

1. Training, Deployment, and Retention:

The dental school write up had envisaged an intake of 25 students annually for a considerable number of years, to produce clinically competent, but community oriented dentists (called "dental surgeons"). The first batch of 12 Tanzanian trained dental surgeons graduated in 1984, followed by fluctuating numbers of dental graduates. The highest number ever to graduate in a year was 29 in 2009. To-date (2016) it is estimated that the dental school in Muhimbili has produced about 500 dentists. The questions for us to consider is: Where are these dental surgeons and what are they doing? Where were they initially deployed and how were they retained or how quickly were they lost to other sectors? What was the feedback of the tracer study conducted before MUHAS changed to Modulalization and Semesterization? Did the feedback significantly cause curriculum review in relation to the original one? Does the current competency based dental curriculum address the competencies needed for providing oral health to Tanzanians or does it focus on internationally recognized competencies, taking into account the labour mobility in the globalized world, or is it a mixed grill of both? Where have we failed to produce a Dentist for Tanzanians? How can we improve training to produce the kind of a Dentist that will serve Tanzanians with evidence-based background? That is the step forward we have to define and make. What is it in the dental training curriculum that has over time made its products champions in the top management of medical schools and related establishments in Tanzania (e.g. MUHAS-Lembariti, Ngassapa, Kikwilu, Masalu, IMTU-Fabian, HKMU-Rugarabamu, KCMC-Ntabaye, CUHAS-Rugarabamu, UDOM-Fabian), and some non-dental departments at the Ministry of Health: -Nyandindi, Kwesi, Saguti, Sijaona, NIMRI Masaga, TACAIDS Kamwera. Is it to do with precision management of a fast rotating turbine hand-piece on a tiny area a few millimeters thick and wide? Or is it to do with the Human Resources Management Training Component in the DDS Curriculum? At one time in the early nineties, we went for the IADR Conference Southern Africa Chapter in Gabarone,

Botswana. To our surprise, half of the 12 person organizing committee were Tanzanian Dentists.

The current intake at the school of dentistry (MUHAS) is 50. I happen to have participated in the development of master plans of a few private medical universities. All had plans to start Dental, Nursing, and Pharmacy Schools following the successful establishment of medical schools. To-date most of them have started Nursing and Pharmacy Schools but none has ventured in opening a dental school. Muhimbili dental school still remains the only one in the country. What message do we get when we look at the two facts (the slow expansion of enrolment at the only dental school in Muhimbili and the absence of dental schools in other medical universities that had wished for one? Can anyone of us answer the question "how many dentists and other oral health personnel Tanzania needs by 2025"? Should they be the traditional highly and technically qualified Drill-Fill-Bill type or some kind of oral health worker fit for the local environment? Should Tanzania use its merger resources to train dentist for the international or regional market?

2. Provision of Dental Services and Supplies

Provision of basic dental services for the majority of the population (extractions, one surface fillings, oral hygiene) has always been hospital based predominantly in public and faith-based health facilities. A fraction of the well-to-do segment of the urban dwellers has enjoyed some advanced forms of dental services at the few private dental clinics. Whether public or private, the flow of dental supplies has remained elusively scarce and unreliable. Is it a real scarcity or a fabricated one for market monopoly purposes?

During my two-term Presidency of this Association, 1996-2000, I recall writing an editorial in our Association Journal, titled: "At the Dawn of the Millennium, Are we ready as a profession for the 21st Century"? I was advising against solitary private dental clinics that a number of our colleagues were opening in big cities, especially in Dar es Salaam, instead, I was advocating group practices (plaza type) so as to share investment and running costs. The few testimonies I have, is that more than half of those did not live long enough to break even. Even the resourced and well-equipped Nordic Clinic that had exclusive access to almost all the foreigners / expatriates in this country, closed shop.

We need to ask ourselves, with the current economic transformation of our country, the advent of the growing middle class, and the expanded enrolment in higher education, why has private dental practice not followed the growth footsteps? Is the environment not supportive enough or have we failed to "market" ourselves and the value of the services we offer? The National Health Insurance Fund, which is the major health insurance scheme in Tanzania, currently disburses 15,000 to 20,000 TShs as a consultation fee. Controlled treatment fee is charged according to allowable procedures. Can anyone of us operate and sustain a private dental clinic under such curtailed disbursement rates? How has the market economy and globalization affected the dental services delivery in Tanzania? I remember as a 4th year dental student in 1984 hearing of how a student studying in America and in need of a root canal treatment on a molar, found it cheaper to pay for a return air ticket to Tanzania, have a root canal done, pay her Tanzanian dentist (not endodontist) handsomely, and see her family than having a root canal done in the USA. What do we need to do to get society paying what is due for the professional service rendered?

In 1990, while on transit at JFK Airport in New York, on my way to Cincinnati to present a paper at the IADR Conference, a lady researcher studying some aspects of passengers in transit, enrolled me in her study (voluntarily). My responses to two questions (Profession= Dentist, and Monthly Salary=150$) made her laptop beep and her turn red because on the American scale the two responses were incompatible. I had to explain to her the price of meat, sugar and a pair of descent shoes back home for her to get the meaning of a monthly salary of 150$. And that was an exclusion criterion for me from her study. That was 26 years ago. How much is a young dentist earning now in terms of USD?. Have we made any headway? Do we need to take a step forward on this matter?

3. Relevant Research:

During late 80's onwards we witnessed a lot of research output from the dental school linked with human capacity development for the school under the Dutch (Nijmegen) and the Finnish (Kuopio) collaborative links. The critical mass of scientists that emanated from these initiatives continues to guide and lead research nationally from the Dental School hub. One issue we need to pursue closely is, besides the obvious academic merits gained from these scientific initiatives, what has been their impact in influencing policy, guiding change of practice, or the like? What do we wish our future research endeavor to focus on? Are we guided by the National Research Agenda? How much of the research we do is operational poised to answer some of the questions being posed in this paper?

How comes that with all oral manifestations of HIV Aids and the nutritional aspects related to the pandemic, very little of the huge amounts of HIV related research funding finds its way in the line of the local dental fraternity?

In late 1988, as I admired a brand new Mitsubishi Pajero belonging to the Finnida Cooperation with the dental School, at the same time complaining of the longer hours we spent in the field (data collection) as compared to those spent in the clinic, *Risto Tuominen*, stated to me that **"….***we are training you as scientists and leaders so that when you qualify you will be able to study the situation of your own country and decide which course / direction it should take….".* What TDA is putting on the table as a theme of this conference, is obviously what Risto stated 28 years ago. We need to define that **Forward Step** from the Training, Research and Service Perspectives.

4. Branding, Awareness and Advocacy:

If we look back from the 1980s, how has dentistry been branded over time and how is it branded now? What image comes to the public when they realise we are dentists? Do we still carry with us the image of a tooth puller? After 32 years of producing dentists (1984-2016), why is it that the services we offer are still dominated by tooth extraction? Why has the misinformation, mind-set and belief that **"***dawa ya jino ni kung'oa tu***"** stuck with the public for all these years? What can we do to improve awareness on dentistry among Tanzanians?

What have we done to educate and influence the decision makers to fully participate in taking dentistry a step up towards excellence? Politicians have a key role in the success of most sectors in a country because they can either promote or demote the sector in their daily functions. To what extent have leaders in dentistry in Tanzania influenced politicians to speak for and about dentistry? Who is our advocate? Who is lobbying for us? Did we miss any influential opportunities when we tutored a member of the First Family for five years? Do we have a proactive strategy to influence policy or do we defensively wait for big weights to have a dental ailment and use that as an opportunity to air our grievances when they visit our clinic, if they ever do?

How has the practice of *"MARUDI",* affected our image and that of the profession at large? How are we prepared to play along with the Fifth Phase Government with its zero tolerance for corruption and business as usual attitude?

These are tough questions we need to ask ourselves and answer sensibly if we want to make any meaningful step forward.

5. Collaboration and Networking:

The dental profession has over time benefitted from the collaborations with DANIDA, FINNIDA, and NUFFIC as major partners. Their involvement in capacity development at different levels can be credited with much of what dentistry is today in Tanzania. While DANIDA focused on the service sector and DA's and ADO's Programmes, NUFFIC were busy with Undergraduate Training, Community Rotations, Staff Development, and Research), as FINNIDA concentrated on Post-graduate Training and Research. There is an obvious segregation of spheres of influence that may have orientation and inclinational gaps within the profession towards the sponsoring collaborators. TDA needs to critically look at the role these collaborations played in shaping dentistry as we plan to take a forward stride.

6. Way forward: Establishing Facts, Mentoring and **Career Guidance**

In looking ahead, as we conclude this key note, let me say I was not supposed or expected to provide answers but to stimulate discussions. My address may have a few shortcomings here and there, but those can be filled in by the audience in the course of the conference. However, I believe that TDA has a critical mass of experienced experts who have been developed over a 32 years period. My proposal would be for TDA to form a panel of experts (think tank) to formulate scientific ways of finding answers to the questions raised in this paper and other questions that may be raised by people who will weigh in on this presentation. The panel may be given terms of reference and a time frame to report back. The outcome of the experts' work would form position / white / strategic evidence based paper(s) to be presented and at the 32nd TDA Scientific Conference and AGM. The paper(s) would be suggesting strategic forward steps to be taken in improving Oral Health in Tanzania. Can the think tank identify a few dental role models that the young generation may look to and follow?

The focus may be sub-themed as follows (each sub-them having a working group): -

Strategic Steps to be taken in:-

i. Training,
ii. Provision of Dental Services,
iii. Conduct of Relevant Research,
iv. Advocacy,
v. Collaboration and Networking, and
vi. Any other sub-theme that experts may come up with.

This is an opportunity that we must seize now or never. Our ability to mentor and pass on the mantle to future generations of dentists will be measured by our success in this endeavor. If in the past we failed in our endeavours, we must be bold enough to learn from our mistakes and positively shape the future by steering and mentoring future generations away from the obvious pitfalls.

I thank you all for listening.

GOD BLESS TDA, GOD BLESS TANZANIA.

MENTORING